

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) New Prosperity Foundation; The | | FEC IDENTIFICATION NUMBER ▼ C C00488494 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee XPS Professional Services | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 04 / 2014 | |
| Mailing Address 220 E Adams St Suite 200 | | Amount 100000.00 | |
| City Springfield | State IL | Zip Code 62701 | Transaction ID : SE.5217 |
| Purpose of Expenditure Advertising - Television | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Name of Federal Candidate WILLIAM L JR ENYART | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL |
| Calendar Year-To-Date Per Election for Office Sought 100000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------------|---|---|
| Full Name of Payee XPS Professional Services | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 04 / 2014 | |
| Mailing Address 220 E Adams St Suite 200 | | Amount 1500.00 | |
| City Springfield | State IL | Zip Code 62701 | Transaction ID : SE.5218 |
| Purpose of Expenditure Advertising - TV - Production | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Name of Federal Candidate WILLIAM L JR ENYART | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL |
| Calendar Year-To-Date Per Election for Office Sought 101500.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 101500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 101500.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

M M / D D / Y Y Y Y
 10 / 06 / 2014

Signature